State of Montana
Department of Public Health and Human Services
Human and Community Services Division
Early Childhood Services Bureau
http://www.bestbeginnings.mt.gov

DPHHS-HCS/CC-159
(Rev 12/11)

| CCR&R ELIGIBILITY SPECIALIST STAFF ONLY | |
|---|---|
| CASE / CASE EVENT NUMBER | |
| HEAD OF HOUSEHOLD NAME | |
| ELIGIBILITY BEGIN DATE | ELIGIBILITY END DATE |
| ELIGIBILITY DETERMINATION DATE | R&R DATE STAMP |
| CASE EVENT WORKER NAME | |

Best Beginnings
Child Care Scholarship Program

# RELEASE OF INFORMATION REQUEST FOR WORK VERIFICATION

## DIRECTIONS for Applicant

1. **Complete Section 1**
   *(Employee – Permission to Release Information)*
2. **Have your current employer complete sections 2 and 3**
   *(Employment and Wage Information and Employer Certification)*
3. **Return completed form to your Resources and Referral Agency**
   *(See 2nd page of application to get local Resource and Referral Agency address)*

## 1. EMPLOYEE – PERMISSION TO RELEASE INFORMATION

I, _____, grant permission to _____ for the release the information requested on this form to the Child Care Resource and Referral (CCR&R) Agency, listed above, in order to determine my family's eligibility for the Best Beginnings Child Care Scholarship.

Applicant's Signature: _____ Date: _____

## DIRECTIONS for Employer

The individual listed above has applied for a Best Beginnings Child Care Scholarship. The Best Beginnings Child Care Scholarship helps qualifying Montana families pay for their child care costs, while participating in qualifying activities, such as work and school. The applicants' signature above authorizes the release of the information requested on the back of this form. By completing this form you are providing information, about the identified individual, that will be used to determine their eligibility for child care assistance. Thank you for your cooperation.

OVER



Workers Initials _____ Date _____

## 2. EMPLOYMENT AND WAGE INFORMATION

| | | | |
|---|---|---|---|
| Employee Name: | | | |
| Employer Name: | | Work Address: | |
| Work Start Date | Work End Date | Date of First Pay Check | Date of Last Pay Check |
| **Is this a Salaried or Hourly Employee?**<br>☐ Salaried ($_____ per _____)<br>☐ Hourly ($_____ per hour) | | **How often is this employee paid?**<br>☐ Daily ☐ Weekly ☐ Every 2 Weeks ☐ Twice a month<br>☐ Monthly ☐ Other: _____ | |

| | | |
|---|---|---|
| Average number of work hours per week. | | _____ hrs per week |
| What is this employee's gross salary, wages, and commissions? | | $_____ per month |
| Does this employee receive tips or bonuses?<br>- If yes, please approximate dollar amount per month | ☐ Yes<br>☐ No | $_____ per month |
| Does this employee ever work overtime?<br>- If yes, please approximate dollar amount per month | ☐ Yes<br>☐ No | $_____ per month |
| Does this employee receive "in-kind" (non-cash) or cash benefits as part of their pay? For example, housing allowance, apartment or food?<br>- If yes, please approximate dollar amount per month<br>Explain: | ☐ Yes<br>☐ No | $_____ per month. |
| Does this employee have any company-paid flexible child care benefits that could be taken in cash? If yes, please approximate dollar amount per month<br>Explain: | ☐ Yes<br>☐ No | $_____ per month. |

**MONTHLY WORK SCHEDULE**

The following work schedule is effective from:_____ to:_____

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|
| am/pm to am/pm | am/pm to am/pm | am/pm to am/pm | am/pm to am/pm | am/pm to am/pm | am/pm to am/pm | am/pm to am/pm |
| Hrs per day | Hrs per day | Hrs per day | Hrs per day | Hrs per day | Hrs per day | Hrs per day |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| am/pm to am/pm | am/pm to am/pm | am/pm to am/pm | am/pm to am/pm | am/pm to am/pm | am/pm to am/pm | am/pm to am/pm |
| Hrs per day | Hrs per day | Hrs per day | Hrs per day | Hrs per day | Hrs per day | Hrs per day |

☐ This schedule remains the same for the entire month ☐ This schedule varies from week to week

If work schedule varies, please explain:

## 3. EMPLOYER CERTIFICATION

**PLEASE READ AND SIGN:**

| | |
|---|---|
| BUSINESS/COMPANY NAME | BUSINESS PHONE # |
| BUSINESS/COMPANY ADDRESS | |

**I certify that the above information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this company.**

Print Name: _____ Title: _____

Signature: _____ Date: _____



Workers Initials _____ Date _____